OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

Program Information: (This roster	is for use with training pro	ograms that	have DPH/C	EMS continu	ing education numbers)
PROGRAM TITLE (Print):			RAM SPONSO		
ROUNDS: ENVIRONENTAL EMERGENCIES			BROCKTON HOSPITAL		
PROGRAM LOCATION (Print): MASS	SASOIT CONFERENCE	CENTER	PROGRAM	1 DATE:	PROGRAM TIMES:
770 CRESCENT STREET, BROO	CKTON MASS		4/25/20	017	9:00 AM TO 11:00 AM
OEMS CONED NUMBER:	30 Hour	2	0 Hour		
1718-R5-00022-T1	Paramedic NCCR	EMT/AE	MT NCCR	ConEd F	Program Hours: 2 HRS

Instructions:

LEAD INSTRUCTOR MUST:

- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and DPH/OEMS Administrative Requirement (AR) 2-212.
- 2) Issue course completion documentation to the EMTs once the program is completed. Program sponsors may issue course completion certificates or may provide attendees with a copy of the roster signed by the instructor and student.
- 3) Ensure an original signed roster is retained by the program sponsor for each session of the program
- 4) Cross off any unused lines after the last student has signed in at the completion of the course.

EMTs ATTENDING PROGRAM MUST:

- 1) Legibly PRINT and SIGN your name after your Massachusetts EMT number (if you have one), attesting that you attended course as described above. Remember to include the letter prefix of your EMT number.
- 2) Ensure you receive and retain course completion documentation from course sponsor or instructor.
- 3) Any program lacking an approval number may never receive credit. Attendance is at your own risk!
 - a. Note: regardless of approval, there are limitations to the types of continuing education, such as Distributive Education, that can be used for renewal of EMT certification. Please reference AR 2-212 or the OEMS Renewal Guides found on http://www.mass.gov/dph/oems.
- 4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	826989	George & Garcine	ghu m
2	85880Z	STEVEN FOSTER	
3	858791	Nicholas GASSO	1100
4	824216	THOMAS LUCKMAN JR	The state of the s
5	884779	THOMAS LUCKMAN III	The plant of the second of the
6	892135	JAMES BEATTY	Day Bell
7	829761	Thomas Ford	Solu Ffold
8	870559	Grald Waisio	Gestle we.
9	873809	BRANDON SNOTT	JESOLO
10	E0909406	Keith Batchelder	Kevil Botcheld
11	884373	Pat o'Weill	Patrix of a Mill
12	885095	Bryan Brown	Pan /2

	01791 01001	11-1-1-1
Under the pains and penalties of p	erjury, I attest that this is a true and accurate record	of the conduct, hours, and actual
attendance for this training course		
INSTRUCTOR NAME (Print):	HNSTRUCTOR Signature	INSTRUCTOR EMT Number:
Daniel Muse, MD		
	Page A of	

OFFICE OF EMERGENCY MEDICAL SERVICES

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DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM	TITLE	(Print):
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OEMS CONED NUMBER:

ROUNDS: ENVIRONMENTAL EMERGENCIES

1718-R5-00022-T1

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	r the pains and penaltic dance for this training (attest that	this is a true and accura	te recor	d of the condu	ict, hours, and actual
	RUCTOR NAME (Print):		INSTRUCTO	OR dignature:	7		INSTRUCTOR EMT Number:
Dan	iel Muse, MD						

Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

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OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH—

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS: ENVIRONMENTAL EMERGENCIES	1718-R5-00022-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	826507	Robert J. FARRON	Buellow
14	834335	Matthe H. R. Cl	- Wall to
15	834805	Craig NEDEL	Color
16	P0902099	Ryan Connolly	The 1
17	847342	Anthony Ciccolo	Ant Cul
18	800831	Kevin T. HENDERSON	and the
19	839558	Francis 5 Corne	Frank County
20	812772	MARK DITOCK	apple
21	829869	Brian Harrins	13/1
22	875716	Chris Hamilton	
23	0901987	Mike Shillyan	1 Show
24	8901978	Andsew Daigle	Judy 1 als
25	812487	DAVID DERES	Dalles
26	901791	Kenneth Wright	
27	853/69	Michael (MacCuster	1111111
28	821844	Robert W. Spurr Dr.	Www.Jrg
29	90100	Kyle George	W
30	825148	Richael M Smit	
31	856548	Timothy Cillation	STECH STELL
32	861168	Geoffrey Downing	A HO
33	842664	JOHN Previte	John Presit
34	843382	Eric Eterson	Ocine the try
35	862054	Timothy Guillotte	Finothy Millett
36	0901577	KEVIN - GONSAlves	4
37	A0900132	LUNG Mc FORDOS	
38	871048	Jeffrey Cuozzo	falls and
39	888115	Extreme Kline	0 %
40	871586	Jared Muppy	
		es of perjury, I attest that this is a true and accurate	record of the conduct, hours, and actual
-	dance for this training of RUCTOR NAME (Print):	instructor Signature	INSTRUCTOR EMT Number:
	iel Muse, MD	INSTRUCTOR SIgnature	
Jail	TOT IVIUSE, IVID		

Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

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- DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITI	LE (Print)	:
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OEMS CONED NUMBER:

ROUNDS: ENVIRONMENTAL EMERGENCIES

1718-R5-00022-T1

	EMT NUMBER:	EMT NAME (Print):	
13	_		EMT SIGNATURE:
ļ	852981	Craig Winsor	all
14	87 4551	Michael Kyan	Janes .
15	825338	Jayne T. Vierce	Jayres Darce
16	810131	Brian C Swiers	Tolling C. Swies
17	837274	PAULA BAILEY	Faule Larley
18	838410	Enz J Nacletti	
19	836200	John Schlatz	CKM Senters
20	8 84538	Jordan Morgan	f & My
21	89/102	Paraly KoloZie	
22	P090 1824	William A. Parma	(MILA)
23	P0901958	Tinothy Kundzier	The state of the s
24	1824241	Paul ell Cafferty	Church Coffeed
25	881834	Brien Trefy	13
26	A0900133	JOSON MURPHY	hm
27	7830416	JOHN M. HOLLAND	to the Hole
28	881254	Maria C Jarzh	
29	841215	Joseph Visser	The state of the s
30	890 242	Joseph Rose	Just Kan
31	855576	David Mc Gill	
32	902214	Nicholas Fucey	2-23
33	856164	Thomas E Casato Tr	Tilon E Cath
34	859793	Paul Girner	Pel
35	836505	DAVID SAWALL	Dowl Cart
36	832561	Scott-Collins	G-C.O
37	874931	A. Ghvin	22AL
38	873526	Nicolle Amaral	MunlyCox
39	902109	Robert Mershimer	The will
40	E0909412	Brian M Parks	make
Unde	r the pains and penaltic	es of perjury, I attest that this is a true and accurate	e record of the conduct, hours, and actual

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Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual		
attendance for this training course.		y
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
Daniel Muse, MD		· ·

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----- DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS: ENVIRONMENTAL EMERGENCIES	1718-R5-00022-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	884349	Craig Snell	Collect
14	839840	Jason Viveros	
15	842039	John Curky	floh Cla
16	845788	Stephen Gellman	Soft)
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Daniel Muse, MD	4-7	7	

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